



## Application/Contract for Utility and Refuse Service for the City of Tipp City

Tipp City Utilities 260 S. Garber Tipp City, OH 45371 Phone: 937-667-8424 www.tippcityohio.gov Fax: 937-667-5816

Today's Date \_\_\_\_\_ Service Start Date \_\_\_\_\_

☐ Own ☐ Rent ☐ Landlord

<b>Services Address:</b>			<b>Office Use Only</b>
<b>Street Number</b>	<b>Street Name</b>	<b>Apt.#</b>	<b>Account Number</b>
Name: (Last, First, Middle Initial)		Employer:	
Co-Applicant Name:		Employer Address:	
Mailing Address: (If different from service address)		Employer Phone Number:	
Home Phone:		Cell Phone #	
Drivers License Number:		Birth Date:	
E-mail Address:		E-mail Monthly Utility Bill <input type="checkbox"/> Yes <input type="checkbox"/> No	
Landlord's Name		Landlord's Phone Number:	

**IN CONSIDERATION OF RECEIVING CITY UTILITY/REFUSE SERVICES, YOU, THE SIGNER/S, AGREE TO AND ARE SOLELY RESPONSIBLE FOR THE FOLLOWING:**

- For the timely payment of ALL BILLS while the utility service is in your name. This includes electric, water, sewer, and refuse charges, if serviced by Tipp City Municipal Utilities. If these charges are not paid in a timely manner, the City of Tipp City reserves the right to terminate all services.
- Requesting termination of service. Applicant is responsible for contacting the Tipp City Utility Division 24 hours prior to vacating the property. Applicant is responsible for all charges for services provided to the premises until both such notice has been given and the Utility Division has made the final reading.
- That you will abide by all rules and regulations passed by Ordinance and Resolution and/or Adopted Policies for Utility services.
- If you, your spouse, or any member of your current household owes to the City of Tipp City any past due/delinquent bills, you will pay all of these bills IN FULL before any service will be provided at the above service address. Additionally, if after this service is provided by the City of Tipp City, it is found that such past due/delinquent bills do exist, current service may be discontinued, without liability to the City, until payment of the prior bill/s is made in full.
- That you have read, understand and agree to the information listed on the front and back of this form and that you are 18 years of age or older.
- Tipp City Utilities sends copies of all "Payment Reminders/Disconnection Notices" to the property owners as the water, sewer and refuse constitute a lien on the property and ultimately become the property owners responsibility.

Signature \_\_\_\_\_  
Owner/Resident/Tenant

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_  
Co-Applicant

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR OFFICE USE ONLY**

Deposit Received: \$ \_\_\_\_\_ ☐ Cash ☐ Check# \_\_\_\_\_

Application is void without official seal.



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RE: NEW RESIDENT REGISTRATION QUESTIONNAIRE

Dear Resident:

We want to take this opportunity to welcome you to our City.

The Tipp City Tax Code requires that all Tipp City residents (those residing within the corporation limits) age 18 and older to file an annual income tax return. Residents who are age 16 or 17 are subject to the Tipp City tax, but need only file if their income is not fully withheld. Filing is mandatory even if no tax is due (i.e. fully withheld, no income, etc). Part-year residents should also file an annual return and report only the income earned during the Tipp City residency.

Tipp City's current income tax rate is 1.50%. If you are currently paying income tax to another city or village, Tipp City will give you credit up to 1.50% of each city's taxable wages for taxes withheld and paid to the work city.

Please complete the attached questionnaire and return it to the Tipp City Tax Department. This questionnaire will be used to set up your Tipp City income tax account. You may drop it off at our office anytime Monday thru Friday between the hours of 8 am and 5 pm or it can be mailed to us at:

Tipp City Department of Taxation  
260 South Garber Drive  
Tipp City, Ohio 45371

Sincerely,

Tipp City Tax Department

# TIPP CITY RESIDENT INCOME TAX QUESTIONNAIRE

(THE CITY OF TIPP CITY HAS A MANDATORY FILING REQUIREMENT FOR ALL RESIDENTS AGE 18 AND OLDER EVEN IF THERE IS NO TAX DUE. THIS INCLUDES RESIDENTS WHO DID NOT WORK, WHO MAY HAVE BEEN SUPPORTED BY A SPOUSE, FAMILY MEMBER, FRIEND OR RECEIVED SOME OTHER FORM OF NON-TAXABLE ASSISTANCE. EXEMPTIONS MAY BE GRANTED TO RESIDENTS WHO ARE RETIRED AND/OR PERMANENTLY DISABLED THAT DO NOT PLAN OR CANNOT RETURN TO THE WORK FORCE.)

## PLEASE LEGIBLY COMPLETE ALL ITEMS AND RETURN TO:

TIPP CITY DEPARTMENT OF TAXATION, 260 S. GARBER DR., TIPP CITY, OH 45371

QUESTIONS? CALL (937) 667-8426 OR EMAIL INCOMETAX@TIPPCITY.NET

### OFFICE USE ONLY

TAX# \_\_\_\_\_

UTY# \_\_\_\_\_

ALL INFORMATION PROVIDED ON THIS FORM IS CONFIDENTIAL AND IS USED FOR CITY INCOME TAX PURPOSES ONLY.

YOUR NAME \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_ EMPLOYMENT CITY \_\_\_\_\_ ( ) SELF EMPLOYED

SPOUSE/COMPANION'S NAME \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_ EMPLOYMENT CITY \_\_\_\_\_ ( ) SELF EMPLOYED

( ) CHECK HERE IF YOU OR YOUR SPOUSE/COMPANION PREVIOUSLY FILED A TIPP CITY INCOME TAX RETURN

CURRENT ADDRESS \_\_\_\_\_ DATE MOVED IN \_\_\_\_\_

FORMER ADDRESS \_\_\_\_\_ DATE MOVED OUT \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

( ) CHECK HERE IF WE CAN CONTACT YOU BY EMAIL

GIVE NAME, BIRTH DATE AND SS# OF ALL OTHERS RESIDING AT THIS ADDRESS:

\_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_ \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_ \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_ \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

IF RETIRED, INDICATE DATE OF RETIREMENT(S) YOURS \_\_\_\_\_ SPOUSE \_\_\_\_\_

IF YOU ARE RETIRED, DO YOU HAVE ANY EARNED INCOME FROM PART TIME EMPLOYMENT ( ) YES ( ) NO

LIST SOURCES OF ALL RETIREMENT INCOME \_\_\_\_\_  
(IE PENSION, SOCIAL SECURITY, INTEREST, DIVIDENDS, ETC)

IF DISABLED, INDICATE DATE OF DISABILITY YOURS \_\_\_\_\_ SPOUSE \_\_\_\_\_  
(ONLY APPLIES TO THOSE PERMANENTLY DISABLED)

LIST ALL SOURCES OF INCOME \_\_\_\_\_  
(IE PENSION, SOCIAL SECURITY, INTEREST, DIVIDENDS, ETC)

BY SIGNING THIS FORM, I/WE ACKNOWLEDGE THAT ALL STATEMENTS ARE TRUE TO THE BEST OF MY/OUR KNOWLEDGE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SPOUSE/COMPANION'S SIGNATURE

\_\_\_\_\_  
DATE





Tipp City Utilities offers Automatic Deduction from a bank account. The deduction occurs on the 10th of the month. If you are interested in signing up for Automatic Deduction, please **accurately complete, sign and returned this form to the Utility Department** in order for the deduction to begin. Please include a **voided check** if the deduction is to come from a checking account.

This is my authorization for Tipp City Utilities to automatically

debit my ( ) checking ( ) savings account \_\_\_\_\_,  
(Account Number)  
\_\_\_\_\_ at the \_\_\_\_\_ branch of  
(Bank Transit/ABA/Routing Number) (Branch)  
\_\_\_\_\_ in \_\_\_\_\_,  
(Financial Institution) (City)  
\_\_\_\_\_.  
(State)

I understand that this authorization will be in effect until I notify Tipp City Municipal Utilities in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution, if it is within (15) calendar days following the date on which I was sent a statement of account or a written notice of such entry or 45 days after posting, whichever occurs first. I must give my financial institution a written notice identifying the entry, stating that it is in error and requesting credit back to my account.

THIS AUTHORIZATION IS NON-NEGOTIABLE AND NON-TRANSFERABLE.

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Utility Billing Account #)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)